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Law Reform, Road and Community Safety
Committee

Inquiry into drug law reform

Summary Booklet

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Law Reform, Road and Community Safety Committee

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Committee functions

The Victorian Law Reform, Road and Community Safety Committee (the Committee) is established under the *Parliamentary Committees Act 2003* (the Act).

The Committee comprises seven members of Parliament: five from the Legislative Assembly and two from the Legislative Council.

Section 13 of the Act sets out the functions of the Committee:

1. The functions of the Law Reform, Road and Community Safety Committee are, if so required or permitted under this Act, to inquire into, consider and report to the Parliament on any proposal, matter or thing concerned with –
 - a. legal, constitutional or parliamentary reform;
 - b. the administration of justice;
 - c. law reform;
 - d. the use of drugs, including the manufacture, supply or distribution of drugs;
 - e. the level or causes of crime or violent behaviour
 - f. road trauma;
 - g. safety on roads and related matters
2. It is not a function of the Committee to inquire into, consider or report to the Parliament on any proposal, matter or thing concerned with:
 - a. the joint standing orders of the Parliament
 - b. the standing orders or rules of practice of the Council or the Assembly

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This Summary Booklet and the full report are available on the Committee’s website.

Contents of the full report

Preliminaries

Committee functions	ii
Committee membership	iii
Committee secretariat	iv
Terms of reference	xiii
Chair’s foreword	xv
Executive summary	xvii
Acronyms	xxxix
Recommendations	xliv

PART A: Contextualising drug law reform in Victoria

1	Introduction	1
1.1	Balancing health and law enforcement approaches	2
1.2	Starting the conversation: types of drug use and driving factors for use	4
1.3	Inquiry scope and processes	7
1.3.1	Evidence gathering	8
1.3.2	Overseas study tour	8
1.4	Report structure	9
1.5	A note about language	11
2	Background information on licit and illicit substances	13
2.1	Issues pertaining to terminology and nomenclature	13
2.2	Drug classifications and basic drugs information	15
2.2.1	Stimulant drugs	16
2.2.2	Party and other stimulant drugs	16
2.2.3	Depressant drugs	18
2.2.4	Synthetics or new psychoactive substances	20
2.2.5	Other substance groups	21
2.3	Drug trends and prevalence data	21
2.3.1	National Drug Strategy Household Survey 2016	22
2.3.2	Other drug sets	27
2.4	Selective focus on drugs and their attendant harms	30
2.5	Poly-drug use	32
2.5.1	Prevalence of poly-drug use	33
2.5.2	Reasons for poly-drug use	33
2.5.3	Poly-drug use and coronial data	34
2.5.4	Other consequences of poly-drug use	37

3	Overview of international and domestic drug control frameworks	39
3.1	Early drug regulation	40
3.2	The contemporary international drug control network	41
3.2.1	The 1961 <i>United Nations Single Convention on Narcotic Drugs</i>	42
3.2.2	The 1971 <i>United Nations Convention on Psychotropic Substances</i>	43
3.2.3	The 1988 <i>United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances</i>	45
3.2.4	The Conventions as part of domestic law	46
3.3	Does the international drug control system impede drug law reform?	46
3.3.1	A note on United Nations General Assembly Special Sessions	49
3.3.2	Future prospects for drug policy and law reform	50
3.4	The domestic context of drug policy	52
3.4.1	Background to the National Drug Strategy	52
3.4.2	The National Drug Strategy: the three pillars of harm minimisation	53
3.4.3	Current criticisms of the National Drug Strategy	55
3.4.4	The National Ice Taskforce	57
3.5	Victorian drug strategies	58
3.5.1	The <i>Victorian Ice Action Plan</i>	58
3.5.2	The <i>Victorian Health and Well-being Plan 2015-2019</i>	59
3.5.3	The <i>Victorian Drug Rehabilitation Plan</i>	59
4	Framework for effective drug law reform	61
4.1	Effectiveness of a largely law enforcement approach	61
4.1.1	Reducing the supply of illicit drugs	64
4.2	Reorientation to a more effective drug response framework	66
4.3	The need for ‘evidence-based’ policy versus pragmatism	69
4.4	Four pillars approach to drugs	72
4.5	New governance structure	75
4.6	Drug-related expenditure	79
4.6.1	Economic modelling of drug policy initiatives and programs	81
4.7	The importance of good data, data collection and sharing	84
4.7.1	International experiences with drug data	84
4.7.2	Victoria’s experiences with drug data	85
4.8	Early warning systems on new psychoactive substances	87
4.8.1	International early warning systems for new psychoactive substances	89
4.8.2	Establishing a Victorian early warning system	91
5	Community attitudes and drugs	97
5.1	Community attitudes to drug use	98
5.2	Causes of negative attitudes and discrimination	101
5.3	Impacts of negative community attitudes	104
5.3.1	Health care	104
5.3.2	Future opportunities	107

5.4	Strategies to improve community understanding and reduce negative attitudes	108
5.4.1	Objective and respectful language	111
5.4.2	Community attitudes	113
PART B: The four pillars approach to drug policy: Prevention		
6	Prevention and early intervention	115
6.1	Prevention at a policy level	116
6.2	Different models of prevention	118
6.2.1	Prevention based on reducing risk and increasing protective factors	120
6.3	Universal prevention	124
6.4	Prevention strategies for children and young people	127
6.4.1	Drug education in schools	128
6.4.2	The role of families	133
6.4.3	Community programs	135
6.5	Groups that may benefit from a targeted prevention focus	137
6.6	Early intervention	142
6.6.1	Primary health care and early intervention strategy – brief intervention	142
6.6.2	Effectiveness of brief interventions as an early intervention strategy	144
6.6.3	Other jurisdictions	145
6.6.4	Victoria	146
PART B: The four pillars approach to drug policy: Law enforcement		
7	Personal use and possession offences	151
7.1	Victorian laws regarding illicit drugs	152
7.2	Current trends in personal use and possession offences	155
7.3	Impacts of criminalisation	157
7.4	Alternative policing through police diversion programs	161
7.4.1	Police diversion programs in Australia	162
7.4.2	Victoria Police diversion programs	164
7.4.3	Gaps in police diversionary programs in Victoria	166
7.5	Australian models of de jure decriminalisation for cannabis	168
7.5.1	South Australia	169
7.5.2	Northern Territory and Australian Capital Territory	171
7.6	The removal of criminal penalties for personal use and possession offences for all illicit drugs	172
7.6.1	Portugal	175
7.6.2	The impact on illicit drug use and drug-related harms	180
7.7	A related issue – legislated thresholds for drugs of dependence	187
7.8	Committee position	190

8	Drug-related offending	195
8.1	Court diversion programs	195
8.1.1	Current court support and diversion programs	196
8.1.2	Drug Court of Victoria	201
8.1.3	Hawaii Opportunity Probation with Enforcement (HOPE)-style program	209
8.2	The parole system	211
9	Cannabis regulation	217
9.1	Medicinal cannabis	220
9.1.1	Victorian regime	221
9.1.2	Commonwealth regime	222
9.1.3	Issues with the current arrangements	224
9.2	Adult use of cannabis	236
9.2.1	Cannabis regulatory models	238
9.2.2	Monitoring outcomes of international cannabis regulatory models	248
10	Drug driving and road safety	249
10.1	Random roadside drug testing	250
10.2	<i>Road Safety Act 1986</i>	250
10.3	International evidence	255
10.4	International experience and its relevance to Victoria	257
11	Legislative responses to new psychoactive substances	259
11.1	Challenges in effectively dealing with new psychoactive substances	260
11.1.1	Health impacts	260
11.1.2	Intentional and unintentional use	262
11.1.3	The resilience and rapidly evolving nature of the market	264
11.2	Regulatory models to respond to new psychoactive substances	265
11.2.1	Individual listing of substances	265
11.2.2	Analogue and generic controls	266
11.2.3	Consumer protection and other laws	267
11.2.4	Full regulatory approach – New Zealand	267
11.2.5	General prohibition approach	271
11.2.6	Victorian <i>Drugs, Poisons and Controlled Substances Miscellaneous Amendment Act 2017</i>	274
11.2.7	Focus on prohibition-based approaches	275
11.2.8	Issues with the implementation of the Victorian Act	278
PART B: The four pillars approach to drug policy: Treatment		
12	Victorian alcohol and other drug treatment sector	281
12.1	Drug treatment in practice	282
12.1.1	Victorian alcohol and other drug treatment sector	283
12.1.2	Treatment types	286
12.2	Alcohol and other drug treatment data 2015-2016	287
12.2.1	Overview of alcohol and other drug treatment in Australia and Victoria	288

12.3 Challenges facing Victoria’s alcohol and other drug treatment sector	290
12.3.1 Wait times	291
12.3.2 Rural and regional alcohol and other drug treatment options	293
12.3.3 Inflexible and limited service availability	295
12.3.4 A lack of treatment specialists	298
12.3.5 Broader alcohol and other drug treatment workforce	301
12.3.6 Enhancing the role of general medical clinics in alcohol and other drug treatment	302
12.3.7 Enhancing the role of public hospitals in alcohol and other drug treatment	303
12.3.8 Alcohol and Other Drug Sector Reference Group	304
12.4 The non-regulated private sector	305
12.4.1 Governance of the public alcohol and other drug sector	306
12.4.2 Concerns with the current approach	307
12.4.3 Developments in Victoria	309
13 Treatment for specific drug user groups	315
13.1 People with co-morbid conditions	316
13.1.1 Working in silos	317
13.1.2 The need for integration	318
13.2 Aboriginal and Torres Strait Islander people	319
13.2.1 Culturally specific and appropriate interventions	320
13.2.2 Young people	322
13.3 People from culturally and linguistically diverse communities	324
13.4 Support for families of people who use drugs	327
13.5 Drug treatment in prison	331
13.5.1 Policies on prison drug treatment and broader health services	332
13.5.2 Drug treatment in Victorian prisons	333
13.5.3 Effectiveness and access to prison drug treatment programs	338
13.5.4 Reintegration of prisoners into the community	340
13.6 Compulsory drug treatment	343
13.6.1 Compulsory drug treatment under civil commitment	346
13.6.2 Compulsory drug treatment related to criminal justice	349
14 Medication assisted treatment for opioid dependence	353
14.1 Opioid dependence	354
14.2 Opioid substitution therapy	355
14.2.1 Victoria’s opioid substitution therapy program	357
14.2.2 Improving management of the opioid substitution therapy program	361
14.2.3 Addressing the costs of opioid substitution therapy	364
14.2.4 Enhancing health professionals’ engagement across Victoria	367
14.3 Expanding opioid substitution therapy options	373
14.3.1 Insights from the Committee’s overseas study tour	376
14.3.2 Proposal for a Victorian trial	381

15	Pharmaceutical drugs	387
15.1	Setting the scene – the problem of the misuse of pharmaceutical drugs	388
15.2	Key factors involved in the misuse of pharmaceutical drugs	391
15.2.1	Types of pharmaceuticals	391
15.2.2	Reasons for misuse	392
15.2.3	Particular at-risk groups and common characteristics	394
15.3	Reducing reliance on prescription drugs, particularly opioids	397
15.3.1	Improved practices for medical practitioners	397
15.3.2	Community education	405
15.3.3	Fee structure for dispensing medication	408
15.4	Real-time prescription monitoring system (RTPM)	410
15.4.1	International models	411
15.4.2	Commonwealth model	416
15.4.3	Victorian model	418
PART B: The four pillars approach to drug policy: Harm reduction		
16	Minimising the spread of blood borne viruses	429
16.1	Creation of needle and syringe programs in Australia and internationally	430
16.1.1	The Victorian Needle and Syringe Program	432
16.2	Effectiveness of needle and syringe programs	434
16.2.1	Limitations of needle and syringe programs	436
16.2.2	Enhancing needle and syringe program coverage	438
16.3	Peer or secondary distribution of injecting equipment	440
16.4	Other drug use paraphernalia	443
16.5	Needle and syringe programs in prisons	445
16.5.1	Drugs in prisons	446
16.5.2	Harmful drug taking practices in prisons	448
16.5.3	Human Rights Obligations – equivalence of care	450
16.5.4	The risks of needle and syringe programs in prisons	452
16.5.5	Support for needle and syringe programs in prisons	453
17	Overdose prevention strategies	457
17.1	Current overdose data and harms	458
17.2	The role of opioids in drug overdoses	461
17.2.1	Rising opioid use and overdoses in North America	462
17.2.2	The presence of fentanyl and carfentanil in overdose deaths in Australia	463
17.3	Naloxone	465
17.3.1	Naloxone programs	466
17.3.2	Concerns with the current provision of naloxone	468
17.4	Overview of medically supervised injecting centres	476
17.4.1	Support for medically supervised injecting centres	478
17.4.2	Support for a medically supervised injecting centre in North Richmond	482

17.4.3	Implementation of the medically supervised injecting centre in North Richmond	484
17.5	Population-based overdose prevention strategy	485
18	Safe events	489
18.1	The role of event organisers	491
18.1.1	Harm reduction and medical care at events	492
18.2	Drug checking services	494
18.2.1	International models of drug checking services	496
18.2.2	Drug checking in Australia	503
18.2.3	Benefits of drug checking	509
18.2.4	Potential issues of concern	516
18.2.5	'Back of house' or 'halfway house' onsite testing	524
18.2.6	Fixed laboratory drug checking service	526
18.3	Drug detection dogs	528
18.3.1	Potential role in increasing drug-related harms	528
18.3.2	Effectiveness in reducing the supply and use of illicit drugs	530
Appendices		
1	Original terms of reference	535
2	Submissions	537
3	Public hearings	543
4	Domestic and international site visits	549
A4.1	Domestic site visits	549
A4.2	Geneva, Switzerland site visits	549
A4.3	Lisbon, Portugal site visits	550
A4.4	London, United Kingdom site visits	550
A4.5	Vancouver, Canada site visits	551
A4.6	Denver, Colorado, United States site visits	552
A4.7	Sacramento, California, United States site visits	554
A4.8	Wellington, New Zealand site visits	554
5	Table of background information on illicit substances and pharmaceutical drugs	557
A5.1	Stimulant drugs	557
A5.2	Party and other stimulant drugs	560
A5.3	Depressant drugs	564
A5.4	Pharmaceutical drugs	567
6	Ice Action Plan membership	571
7	Advisory Council recommendations	573
Extract of proceedings		575
Minority Report		577

Terms of reference

Inquiry into drug law reform

That under section 33 of the *Parliamentary Committees Act 2003*, the Law Reform, Road and Community Safety Committee is required to inquire into, consider and report, no later than 3 March 2017, on the effectiveness of laws and procedures relating to illicit and synthetic drugs and prescription medication. This was received from the Legislative Council of the 58th Parliament, 11 November 2015.

The Law Reform, Road and Community Safety Committee refined the terms of reference, amended the inquiry title to the *Inquiry into Drug Law Reform*, and sought an extension to the reporting date to 9 March 2018.*

The Committee will inquire into, consider and report, on:

1. The effectiveness of laws, procedures and regulations relating to illicit and synthetic drugs and the misuse of prescription medication in minimising drug-related health, social and economic harm; and
2. The practice of other Australian states and territories and overseas jurisdictions and their approach to drug law reform and how other positive reforms could be adopted into Victorian law.

* The reporting date was later extended to 29 March 2018.

Chair's foreword

Drug law reform is an incredibly complex area of public policy. This is due to the interweaving nature of the relevant issues and the challenges arising from drug use and its consequences. This complexity is also due to conflicting views about how best to address the use of drugs in the community.

Historically, the approach to drugs both internationally and in Australia was based on prohibition of recreational drug use, although there is growing recognition that a dominant focus on law enforcement strategies has not eradicated the supply or demand for such substances, but has contributed to increased harms such as overdoses and black market crime. Now more than ever, there is also greater availability of new and often more harmful substances on the illicit market. Related to this, is the rising misuse of approved pharmaceutical drugs within the broader community.

It is in the context of these issues that the Law Reform, Road and Community Safety Committee received the Terms of Reference for this inquiry. A key focus was to consider how effective current drugs laws are and whether they are successful in reducing health and social harms associated with their use. The Committee was also asked to examine best practice in this area from other jurisdictions and their suitability for implementation in Victoria. These terms of reference provided the Committee with the unique opportunity to examine drug use as a whole, rather than focus on individual substances as has been done in previous inquiries.

While the title of the inquiry relates specifically to law reform, the Committee's investigations were largely informed by the evidence received in submissions and public hearings, which called for a broader examination of drug-related laws, policies, procedures, programs and initiatives. The result is a report that comprehensively explored the key areas of prevention, law enforcement, treatment and harm reduction, and acknowledges the need for a more effective drug response framework, one that prioritises health and community safety.

A common theme throughout the inquiry was the need for honest and open discussions to understand why people may use drugs and to work towards more compassionate and balanced responses. The Committee was committed to providing a platform for this dialogue throughout the inquiry. The report and recommendations reflect the outcomes of these discussions, including that while people continue to use substances, whether illicit or pharmaceutical, more should be done to keep people safe.

A reorientation to a health-based framework does not suggest going soft on crime but rather emphasises that responses to illicit drug use should focus on trafficking and punishment of criminal behaviour arising from use, while people apprehended solely for use and personal possession be directed to a range of treatment and support options, where necessary. As part of this, the Committee acknowledged that substantial funding is necessary to ensure the availability of these treatment and support services to address substance use issues and reduce reoffending. The Committee believes that investment in these services will also enhance the effectiveness of early intervention efforts, and in particular prevent young and/or recreational users from using in more harmful ways.

The Committee recognises the current commitment of the Victorian Government to address substance use issues in the community, including through the trial of the medically supervised injecting centre in North Richmond, the introduction of a real-time prescription monitoring system, investment in alcohol and other drug treatment services, and the ongoing efforts of our law enforcement agencies in targeting the illicit drug market. These efforts will be complemented by the various recommendations proposed throughout the report. Strengthening Victoria's approach to drugs requires acting on the best evidence available from around the world and taking new directions where appropriate.

The Committee is grateful to the various individuals and agencies who shared their personal experiences, expertise and ideas during the inquiry through written submissions, at public hearings and during site visits both in Australia and overseas. The Committee greatly appreciated the many contributors for being so generous with their time and the honesty that they brought to the discussions.

I would like to thank my fellow Committee Members, the Honourable Martin Dixon MP, Fiona Patten MLC, Natalie Suleyman MP, Murray Thompson MP, Khalil Eideh MLC, Bill Tilley MP and Mark Gepp MLC for their commitment and contributions to this inquiry.

As is the case with Committee work, Committee members are reliant on the work of their executive support staff and I want to commend the secretariat, Yuki Simmonds, Raylene D'Cruz, Christianne Andonovski and Peter Johnston for their hard work in the development of this report. The depth of research material incorporated within this report is the result of their extensive endeavour and commitment.

I hope this report will be of value in enhancing debate on the issues of drug use and will result in actions which effectively reduce the personal and community harms associated with inappropriate drug use.



Mr Geoff Howard MP
Chair
March 2018

Executive summary

PART A: Contextualising drug law reform in Victoria

Chapter 1: Introduction

The Law Reform, Road and Community Safety Committee received the Terms of Reference (ToR) for the *Inquiry into drug law reform* in November 2015, although it did not commence work on it until February 2017. The key objective of the inquiry was to investigate the effectiveness of drug control laws and procedures in minimising drug-related harms, as well as drug law reform in other Australian and overseas jurisdictions.

Throughout the inquiry, the Committee received 231 submissions from a diverse range of experts and stakeholders working in various areas of drug policy and law reform, in addition to individual members of the community. The Committee held nine days of public hearings and two site visits in Melbourne and Sydney from June to November 2017. In addition, the Committee travelled to Geneva, Lisbon, London, Vancouver, Denver and Sacramento in July 2017, in addition to Wellington in October 2017, to explore how different jurisdictions manage the problems of substance use and impacts on broader communities, and to meet with agencies involved in international drug policy and control.

Based on the evidence received, the use of illicit substances and the misuse of pharmaceutical medication is a strong source of community concern. The Committee understands that most people who use substances do so infrequently, and only a small proportion use them in highly harmful ways. However, the adverse consequences arising from such use are far-reaching and affect individuals, families and the community. Further, a common theme throughout the inquiry was the need to acknowledge the different types of substance use and understand why people engage in certain behaviours. This dialogue has been missing from Australia's current approach to drugs despite these being important considerations when thinking about the types of strategies to prevent use and minimise harms.

There is also growing recognition among governments and the community that greater balance between traditional law enforcement and health-based responses will have a broader positive effect on the health and safety of communities. This was a driving factor of the Committee's investigations and its suite of coordinated and innovative reform recommendations. These recommendations acknowledge that while people continue to use substances, whether illicit or pharmaceutical, more needs to be done to minimise the associated harms.

Chapter 2: Background information on licit and illicit substances

Chapter 2 provides an overview of pertinent background information on the most commonly used substances, including mode of administration, their effects and harms. These are examined according to their general drug classification, including stimulant drugs, party drugs, depressant drugs, pharmaceutical drugs, new psychoactive substances, and other drug groups. It is noted, however, that these

classifications are arbitrary and give rise to much overlap. This is a common issue in drug policy discourse, creating some confusion and misunderstanding. Chapter 2 specifically defines the key terms of ‘prohibition’, ‘legalisation’, ‘decriminalisation’ and ‘depenalisation’, in addition to discussing other key terminology, such as ‘addiction’, ‘dependence’, and ‘substance use disorders’.

The chapter also outlines key drug trends and prevalence data drawing on the *National Drug Strategy Household Survey 2016*, the *National Wastewater Drug Monitoring Program*, and the *Ecstasy and Related Drugs Reporting System* and the *Illicit Drug Reporting System*.

The Committee notes that poly-drug use is a growing concern, particularly with data from the Coroners Court of Victoria indicating that between 2009 and 2016, the combined toxic effects of multiple drugs rather than a single drug contributed to around 70 per cent of Victorian overdose deaths. Aside from harms to individuals, poly-drug use has important implications for practitioners and policy makers, including health professionals treating clients who use multiple substances.

Chapter 3: Overview of international and domestic drug control frameworks

Chapter 3 provides an overview of the historical genesis of international drug control, in addition to the relevant conventions to which Australia and the majority of the world’s nations are signatories, including:

- *1961 Single Convention on Narcotics Drugs*
- *1971 Convention on Psychotropic Substances*
- *1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances*.

These conventions represent the legal basis of drug prohibition, with the objectives of penalising illicit use, diversion, and trafficking of psychoactive substances. They also provide an international governance system for the legitimate scientific and medical use of drugs and access to them. In Australia, the *Commonwealth Narcotic Drugs Act 1967* incorporates the conventions’ provisions, in addition to the *Customs Act 1956*. Australia, like all member states, is responsible for ensuring that the states and territories adhere to the conventions.

The Committee notes that despite the apparent prohibition stance of the conventions, international drug policy and law reform is in a state of transition. In Europe, Latin America and some jurisdictions in North America, a shift away from prohibition has been observed, mostly regarding cannabis laws. There has also been a relaxation among the international control bodies, such as the International Narcotics Control Board (INCB), in their strict opposition to alternative initiatives. For example, the INCB softened its position on medically supervised injecting rooms and indicated support for Portugal’s model towards illicit substances, which included the decriminalisation of possession of such substances for personal use in 2001.

Chapter 3 also provides an overview of the Australian context of drug policy, including the development of the first National Drug Strategy and the three pillars approach of harm minimisation, which comprises demand reduction, supply reduction and harm reduction. Despite strong support for harm minimisation, a commonly heard criticism throughout the inquiry was that Australia’s drug policy has ‘gone backwards’

in the past two decades after being a leader in needle and syringe programs in the 1980s. Australia is no longer considered a world leader in advocating for innovative harm reduction initiatives.

At the state level, the most recent drug strategy is the Victorian *Ice Action Plan*, which comprises initiatives and findings from the Premier's Ice Action Taskforce to address the growing harms associated with methamphetamine use in the community. The Victorian Government also released the Victorian *Drug Rehabilitation Plan* in October 2017 in response to an escalation in illicit drug-related deaths and which invests substantially in treatment initiatives throughout the State.

Chapter 4: Framework for effective drug law reform

The key focus of chapter 4 is establishing a framework for which positive and effective drug law reform can be based upon in Victoria. The framework draws on evidence from the research literature, best practice from Australia and overseas jurisdictions, and evidence provided to the Committee in submissions and public hearings. It is based upon a broad acknowledgement of the importance of conceptualising illicit substance use as a health and social issue rather than a strictly law enforcement issue in recognition that the criminalisation of drugs is not achieving its intended objectives.

A key component to the new framework is a shift from a three pillars approach to drugs in the community to a four pillars approach that views treatment and prevention as separate and individual pillars, along with law enforcement (supply reduction) and harm reduction. This is important given their different purposes and strategies to prevent use, minimise harms and reduce demand for substances. The Committee received evidence that while treatment and prevention currently receive more attention and funding than harm reduction, they remain chronically underfunded. The Committee noted a shift to a four pillars approach will only achieve its intended objectives if accompanied by increased levels of funding.

The effectiveness of the four pillars approach will also be heavily influenced by the level of collaboration and coordination across the Victorian Government. As many stakeholders advised the Committee, drug-related issues are typically wrapped up together, making it difficult to focus on only one solution. Rather, it requires a combination of strategies and effective coordination of those strategies. The Committee proposed the establishment of a new governance structure to provide leadership on drug policy reform in Victoria and address drug-related issues as they arise. The governance structure will facilitate a broad range of stakeholders working together from high levels down to the grassroots, ensuring strong engagement from across government and non-government groups and individuals, including those who actively work with and support people with substance use issues, in addition to people recovering from addiction.

A key element of the governance structure is the establishment of an Advisory Council on Drugs Policy. Throughout the report, the Committee referred a number of recommendations to this Council for action (see Appendix seven). If the Victorian Government does not support the establishment of the new governance structure, the Committee trusts that these other recommendations will be redirected to appropriate agencies for implementation.

A commonly expressed concern to the Committee was that allocation of expenditure to drugs policy is disproportionate and heavily weighted to law enforcement measures rather than harm reduction, treatment and prevention initiatives. To enhance

the evidence base to inform best practice and allocation of funds, the Committee proposed an independent review into drug-related expenditure and outcomes in Victoria, which includes a cost-benefit analysis of all key initiatives.

Lastly, chapter 4 discusses the value of reliable, effective and timely data sharing across relevant agencies to further support effective drug law reform. Efficient data collection and sharing is essential to measure the effectiveness of key policy change, assist respond to drug issues as they arise, and forecast and prevent issues from occurring in the first place.

To enhance data collection and information sharing among all relevant Victorian agencies, the Committee also recommended the establishment of an early warning system (EWS), accompanied by a drug registry to understand the illicit drug market, and a rapid response clinical toxicology service for hospitals and poison centres. The purpose of the EWS is to enhance current surveillance mechanisms regarding new psychoactive substances (NPS) and adulterants in illicit substances, and to share such information in a timely way, such as through real-time public health warnings, to avoid overdoses or even death.

RECOMMENDATION 1: The Victorian Government's approach to drug policy be based on effective and humane responses that prioritise health and safety outcomes, be in accordance with the United Nations' drug control conventions, and informed by the following principles:

- promotion of safe communities – reduce drug-related crime and increase public safety
- evidence-based – empirical and scientific evidence to underpin change
- supportive and objective approach to people who use drugs and of drug addiction
- cost-effective – ensure money spent on drug policy is working to reduce harms
- responsive – flexible and open to change, new ideas and innovation.

RECOMMENDATION 2: In recognition of the imbalanced investment in drug-related expenditure under the three pillars of demand reduction, supply reduction and harm reduction, the Victorian Government develop a new drug strategy based on the four pillars of:

- Prevention
- Law enforcement
- Treatment
- Harm reduction

RECOMMENDATION 3: The Victorian Government establish a new Victorian governance structure to oversee and monitor the four pillars drug strategy. It should include:

- Ministerial Council on Drugs Policy – comprising relevant Victorian Ministers responsible for the portfolios of health, mental health, police, education, early childhood education, road safety, corrections, multicultural affairs, and families and children
- Advisory Council on Drugs Policy – comprising experts to advise the Victorian Government on drug-related issues and research in Victoria, in addition to individuals (current users, recovering users, affected families) who actively work with and support people affected by substance use.

RECOMMENDATION 4: The Victorian Government commission an independent economic review into drug-related expenditure and outcomes in Victoria. This should include a cost-benefit analysis of all key initiatives and be made publicly available.

RECOMMENDATION 5: The Victorian Government advocate to the Commonwealth Government to conduct a similar review at the national level.

RECOMMENDATION 6: Through the Victorian Centre for Data Insights, the Victorian Government encourage and facilitate a system of strong drug-related data collection and information sharing across all government departments and agencies. The purpose of this data collection and sharing is to:

- build a sound knowledge base to inform drug research and policy efforts
- support the development of timely interventions following specific drug-related events or ongoing incidents
- measure the effectiveness of Victoria’s four pillars drug strategy, with regular progress reports to be made publicly available
- enhance capabilities and intelligence efforts of Victoria’s law enforcement agencies.

RECOMMENDATION 7: The Victorian Government establish an early warning system (EWS) to enable analysis, monitoring and public communications about new psychoactive substances (NPS) and other illicit substances of concern. This will require greater information sharing and collaboration between Victoria Police, the Victorian Institute of Forensic Medicine, the Department of Health and Human Services, coroners, hospitals, alcohol and other drug sector organisations (particularly harm reduction and peer based services) and other interested stakeholders. Essential components of the EWS should include:

- real time public health information and warnings where required
- developing a drug registry to understand the NPS market
- a rapid response clinical toxicology service for hospitals and poison centres.

Chapter 5: Community attitudes and drugs

A commonly identified theme throughout the inquiry was the negative attitudes towards and negative labelling of people who use illicit substances, particularly those with substance use disorders, which often results in them experiencing discrimination and marginalisation. The Committee heard that negative labelling is commonly directed towards people who inject drugs, in addition to people who use methamphetamines. It is clear, however, that there is limited understanding in the broader community about the contributing factors that can lead to addiction. Further, many of these people are often already highly marginalised and live with multiple layers of stereotyping, in addition to that arising from their drug use.

There was a strong consensus in the evidence received by the Committee that negativity and fear of disapproval are significant barriers for people who use substances to access health care and treatment services. Negative community attitudes not only influence an individual’s willingness to seek help but also the willingness of others, such as some health professionals, to help them. This is a considerable barrier to identification and management of people with substance use disorders, in addition to an individual completing treatment, achieving full recovery and successfully reintegrating back into the community.

The Committee notes that addressing these negative narratives in the community will positively influence people with substance use disorders to seek help for their substance use issues. It will also increase the effectiveness of broader prevention and early intervention strategies, and harm reduction and treatment efforts. Addressing these narratives is required on numerous levels, including exploring how existing laws and policies exacerbate negative attitudes, in addition to the misrepresentation of the extent of substance use and associated harms in the media.

RECOMMENDATION 8: The Victorian Government develop specific guidelines on the use of appropriate, objective and non-judgemental language regarding substance use disorders, addictions and those who use drugs for public policy-makers, law enforcement agencies and health care professionals. The Government should consult with the appropriate agencies to ensure the guidelines are implemented throughout the working practices of these identified groups. In addition, the guidelines be conveyed to the media and non-government agencies.

PART B: The four pillars approach to drug policy: Prevention

Chapter 6: Prevention and early intervention

Prevention strategies are essential to addressing illicit substance use in the community, which when done well can importantly reduce the demand for such substances.

Universal prevention strategies aimed at broader population groups, for example mass media campaigns, can provide a variety of health-related messages through platforms such as television, radio and social media. A particular universal prevention measure identified by the Committee is a campaign to improve community understanding of the facts regarding substance use disorders and the people who use illicit substances to counter many of the false assumptions that negative community attitudes are based upon. This campaign would also aim to enhance health prevention and early intervention messages around drug use.

Another prevention strategy discussed in chapter 6 are those that target children and young people, particularly school-based programs which focus on building their resilience and enabling them to make healthy decisions. The Committee noted ways to enhance current prevention efforts, such as school education programs relevant to young people's real life experiences and perspectives; programs and resources for parents; and exploring the role of families, communities and recreational opportunities in drug prevention.

Other groups that may benefit from targeted prevention efforts include Aboriginal and Torres Strait Islander (ATSI) people, people living in rural and regional areas, culturally and linguistically diverse (CALD) communities, and people experiencing mental health issues. The Committee particularly found a need to enhance data collection on substance use prevalence among CALD communities, as there is currently limited understanding of these issues.

As well as prevention strategies, early intervention measures can identify people engaging in substance use early and assist them to refrain from progressing into harmful use. Primary care professionals, largely general practitioners (GPs) and others, were identified as providing the appropriate setting to deliver brief interventions with patients presenting with substance use issues. Evidence of the

effectiveness of this strategy is mixed, and the Committee heard a range of views on the extent to which this strategy is possible, given current barriers such as time constraints, negative staff attitudes and training issues. However, the Committee found that GPs and other primary care workers should be supported to undertake this role, with the first step a mapping exercise to gain a better understanding of current barriers and mechanisms to assist them respond more effectively.

RECOMMENDATION 9: The Victorian Government develop a public awareness campaign on substance use and disorders in order to reduce negative labelling of people who use substances, both illicit and prescription medications, and to reduce the harms associated with substance misuse.

RECOMMENDATION 10: The Victorian Government enhance its existing prevention measures that target children and young people including:

- School education programs and resources for young people around resilience and life training skills, in addition to appropriate, age-specific and evidence-based drug education programs that focus on preventing drug use, as well as being relevant to young people’s real life experiences and perspectives. This should also include ensuring that school policies align with prevention goals.
- Specific programs within schools that aim to build protective factors, particularly for young people identified as at-risk or requiring enhanced support.
- Programs and resources for parents to build resilience and life skills, and enhance protective factors.
- Explore the effectiveness of the Iceland model further, particularly the role of communities and families in prevention, in addition to encouraging participation of young people in meaningful recreational opportunities.

RECOMMENDATION 11: The Victorian Government, in consultation with the Victorian Multicultural Commission, conduct research into substance use prevalence among culturally and linguistically diverse communities to inform the development of appropriate prevention measures.

RECOMMENDATION 12: With the intention to develop a primary health care early intervention strategy, the Victorian Government commission an appropriate peak medical body to review the network of general practitioners (GPs) and public hospitals across Victoria and their role in screening and intervening early in people presenting with substance use issues and guide them accordingly. This review should map the current network including identifying GPs knowledge of and attitudes towards substance use and disorders, and barriers to effectively respond to these issues. The strategy should comprise practical responses to overcome identified barriers.

Law enforcement

Chapter 7: Personal use and possession offences

This chapter considers the ways that illicit substance use and personal possession offences are dealt with and enforced, and options for reform in this area. The Committee heard that criminalisation for the use and possession of illicit drugs

for personal use can result in a range of negative outcomes for individuals, such as having a criminal record which can impact future employment opportunities, and experiences of discrimination.

A common program employed across Australia to deal with people apprehended for these offences is police drug diversion programs. In Victoria, these are the Cannabis Cautioning Program and the Illicit Drug Diversion Program (for other illicit drugs). Under these programs, drug use and personal possession remain criminal offences, however, police can divert people away from the criminal justice system and into treatment, rather than lay charges (a form of de facto decriminalisation). While the Committee received evidence in support of Victorian police drug diversion programs, some highlighted current gaps in their operation, particularly regarding eligibility requirements and inconsistent access across Victoria due to its discretionary nature.

The chapter analyses other types of reform in this area, particularly the removal of criminal penalties for these offences and replacement with non-criminal penalties (a form of de jure decriminalisation). In Australia, such reform has occurred in relation to cannabis in South Australia, the Australian Capital Territory and the Northern Territory. Internationally, Portugal is the most well-known example of a jurisdiction that removed criminal penalties for all illicit drugs, as part of a social integrated policy that also focused on enhancing prevention, treatment and harm reduction areas of drug policy. The Committee visited Portugal as part of its overseas study tour, and considered issues such as the impact of this reform on illicit drug use and harms, health issues, the criminal justice system and cost effectiveness. In discussions with Portuguese health and police authorities, the Committee found that the reforms had bipartisan support and were accompanied by substantial investments in health and treatment, leading to improved outcomes across a range of social and health measures.

The Committee found there is a need to treat the offences of drug use and possession of illicit drugs for personal use as a health issue rather than a criminal justice issue, to ensure the timely referral of people apprehended for these offences to treatment and/or other social services as required by their personal circumstances. This would retain all offences in criminal law, and would punish other criminal behaviours where appropriate while treating the drug use. There are a variety of mechanisms to achieve this, including exploring alternative models for the treatment of these offences, such as the Portuguese model, codifying current drug diversion processes to reduce discretion regarding its use by Victoria Police, and conducting education and awareness programs to communicate with the public about the need to treat drug use as a health issue.

As part of considering these offences, the Committee also identified that current legislative thresholds for quantities of drugs that determine possession as personal or for trafficking require review, to ensure there is accurate information about patterns of illicit drug use to distinguish drug traffickers from people who use drugs.

RECOMMENDATION 13: The Victorian Government, while maintaining all current drug offences in law, treat the offences of personal use and possession for all illicit substances as a health issue rather than a criminal justice issue. This approach will ensure appropriate pathways are in place for the referral of people to health and treatment services in a timely manner where required. Mechanisms to achieve this should include:

- exploring alternative models for the treatment of these offences, such as the Portuguese model of reform
- removing the discretion involved with current Victoria Police drug diversion processes by codifying them

- reviewing all threshold amounts for drug quantities in order to appropriately distinguish between drug traffickers and people who possess illicit substances for personal use only
- conducting education and awareness programs to communicate with the public about the need to treat drug use as a health issue.

Chapter 8: Drug-related offending

Chapter 8 outlines a range of programs used by the courts to address substance use issues or disorders where they are an underlying cause of people committing crimes and coming before the courts. These include the Court Integrated Services Program and the CREDIT/Bail Support program, which are used to refer alleged offenders to various social and treatment services to address their substance use issues. Consistent with findings of previous similar inquiries, the Committee found there is a need to expand such programs, as well as support services to provide additional assistance to participants.

Chapter 8 also outlines the Drug Court of Victoria, which provides for the sentencing and supervision of offenders with a drug and/or alcohol dependency, who commit an offence under the influence of drugs or alcohol or to support their dependence. In analysing the Drug Court, which is currently operational in two locations, the Committee similarly found that expanding its reach across Victoria is required, as well as ensuring appropriate support services are in place for the Court's operation.

The Committee was also informed of a potential program similar to the Hawaii Opportunity Probation with Enforcement (HOPE) program to provide swift, certain and fair responses for breaches of conditions, particularly drug use breaches. The Committee heard from the Drug Court of Victoria that such a program may provide an avenue to deal with such breaches, while accompanied by appropriate treatment and support mechanisms.

The chapter also considers ways to address drug use among people within the parole system. According to the Adult Parole Board of Victoria, drug use was the most common reason for cancellation of parole (which returns the person to custody). The Board advised the Committee that a power to suspend parole in certain circumstances for longer-term parolees in the case of drug use could be an additional step before cancellation, with the person returned to custody to receive treatment, before being assessed for cancellation. Such a step would impact very few cases, but would provide those who have completed a substantial portion of parole an opportunity to continue where appropriate.

RECOMMENDATION 14: The Victorian Government expand access to the Magistrates' Court of Victoria Court Integrated Services Program (CISP) and CREDIT/Bail Support Programs, to ensure consistency in access and equity throughout Victoria. This should be accompanied by enhanced funding to ensure that appropriate support services and alcohol and other drug treatment is available to people diverted from the court system into these programs. The expansion should also include exploring options for the CISP to be available in the County Court of Victoria.

RECOMMENDATION 15: The Victorian Government expand the number of Drug Courts in Victoria, accompanied by funding to ensure appropriate support services and alcohol and other drug treatment is available for program participants.

RECOMMENDATION 16: The Victorian Government explore other court programs for potential implementation in Victoria, including the Hawaii Opportunity Probation with Enforcement (HOPE program).

RECOMMENDATION 17: As proposed by the Adult Parole Board of Victoria, the Victorian Government provide the Adult Parole Board with the power to suspend parole for longer-term parolees who have been found to use illicit substances but whom have not reoffended. Suspension could be up to three months, and parolees offered treatment during that time. Following the period of suspension, the Board would assess whether they can continue on parole.

Chapter 9: Cannabis regulation

Globally, cannabis is the most widely used and trafficked illicit substance. A number of harms can arise from cannabis use, particularly regular and sustained use, however, it is also one of the less harmful substances when compared to others such as alcohol or heroin. Given these issues, countries around the world are considering the regulation and supply of cannabis.

In Victoria as well as nationally, there are arrangements in place for the use of pharmaceutical-grade cannabis products for medical purposes, recognising that they have a role in the therapeutic treatment of some conditions. This is a rapidly evolving area, involving multiple levels of regulation at state and federal levels. The Committee found that close collaboration between the Victorian and Commonwealth Governments is required to improve access to medicinal cannabis by streamlining currently complex approval processes. In terms of enhancing understanding in the medical profession and community about the use of this treatment in various circumstances, the Committee recommended that:

- the proposed Advisory Council on Drugs Policy investigate the role of and ways to support general practitioners to provide access to medicinal cannabis
- the work of the Victorian Independent Medical Advisory Committee, which has an important role in guiding the Victorian regime, be made publicly available to assist health professionals and patients access medicinal cannabis.

Further, continued investment in research and trials is also necessary to improve understanding of the potential health benefits of medicinal cannabis, and improve access. The Committee noted in particular the need to research the potential role of medicinal cannabis in addressing chronic non-cancer pain, to help address the overuse of prescription opioids to treat such conditions.

In terms of the non-medical use of cannabis (also termed ‘adult use’), the Committee considered various regulatory models developed in Uruguay and some jurisdictions in the United States (US), including Colorado and California which the Committee visited during its overseas study tour. The chapter analyses these and other regulatory models, including public health requirements to minimise harms from cannabis use and over-commercialisation of cannabis products, pricing and taxation issues, the supply chain, and conflicts between federal and state laws in the US. The Committee found this is an area of drug law reform worthy of further investigation.

RECOMMENDATION 18: The Victorian Government work closely with the Commonwealth Government to improve patient access to medicinal cannabis products, particularly in relation to streamlining requirements at federal and state levels to ensure patients who will benefit from medicinal cannabis treatment in appropriate circumstances have proper access to it.

RECOMMENDATION 19: The Victorian Government continue to work with the Commonwealth Government to explore ways to improve understanding among the medical profession and the public of the current evidence base and situations where medicinal cannabis products may be considered as an appropriate treatment option.

RECOMMENDATION 20: The proposed Advisory Council on Drugs Policy should investigate the role of general practitioners in providing access to medicinal cannabis, and consider how they can be best supported in this area.

RECOMMENDATION 21: To assist health professionals and patients to access this form of treatment, the work of the Independent Medical Advisory Committee be made publicly available.

RECOMMENDATION 22: The Victorian Government facilitate continued investment for research and clinical trials into the use of medicinal cannabis and its effects, including its role in working alongside prescription opioids for pain management and reducing reliance and dosage levels of medication prescribed for pain relief.

RECOMMENDATION 23: The proposed Advisory Council on Drugs Policy investigate international developments in the regulated supply of cannabis for adult use, and advise the Victorian Government on policy outcomes in areas such as prevalence rates, public safety, and reducing the scale and scope of the illicit drug market.

Chapter 10: Drug driving and road safety

Chapter 10 explores Victoria's current drug driving laws and their effectiveness in minimising the role of illicit substances in road crashes to achieve overall safety on the roads. Enforcement of Victoria's drug driving laws is conducted through random roadside drug testing and impairment testing. The only three illicit substances that Victoria Police can test at the roadside are cannabis, methylenedioxymethamphetamine (MDMA) and methamphetamine.

Drug driving laws differ from drink driving laws, with the former based on a detection threshold where any presence of a prescribed substance in a driver is deemed an offence. Drink driving laws, on the other hand, are based on an impairment threshold with a prescribed blood alcohol content (BAC) limit of 0.05. This is based on a historical science-based model that is accepted and implemented worldwide. The Committee noted that the drug driving approach does not consider the effect of individual substances on driving impairment, which some stakeholders suggested undermines the objective of the road safety legislation. There were calls throughout the inquiry for drug driving laws to be based on a similar approach to drink driving, one that establishes the impact of substances on driving performance which is then reflected in established impairment thresholds.

The chapter also considers international evidence and experience in this area, as well as the impact of the legalisation of medicinal and/or recreational cannabis use on drug driving laws in some United States jurisdictions, and the relevance of these issues to the Victorian context where the use of medicinal cannabis is likely to increase.

RECOMMENDATION 24: The proposed Advisory Council on Drugs Policy investigate the current drug driving laws and procedures to determine their effect on road crashes and as a deterrent strategy. The Council should also explore:

- alternative drug driving regimes that use impairment limits/thresholds, and their potential applicability in Victoria
- options for expanding the types of drugs captured under the regime
- likely changes to drug driving laws resulting from medicinal cannabis use in Victoria.

Chapter 11: Legislative responses to new psychoactive substances

Both locally and internationally, the emergence and prevalence of new psychoactive substances (NPS) has become a significant concern. Designed to mimic the effects of traditional illicit substances such as cannabis or cocaine, these substances have been difficult to prohibit as by the time laws are developed to control one NPS, an alternative is available on the market. Chapter 11 analyses key challenges in this area, particularly the lack of knowledge on NPS' long and short term health effects, the high prevalence of unintentional use of NPS, and the resilience of the NPS market in adapting to legal changes.

Various regulatory models have been used internationally, nationally and in Victoria to control and reduce the availability of NPS. Most approaches aim to prohibit them, although the approach in New Zealand attempted instead to regulate some low-risk substances. While there have been implementation challenges with this, some inquiry stakeholders advised the Committee of the value of this approach as a framework that is not based solely on prohibition.

The most recent legislative attempt to prohibit NPS in Victoria is the *Drugs, Poisons and Controlled Substances Miscellaneous Amendment Act 2017*. The Act provides for a general prohibition on all psychoactive substances (with some exclusions), and a range of offences to prohibit their production, sale, commercial supply and advertisement. As well as concerns from inquiry stakeholders on the broad nature of this legislation, the Committee also heard that, in terms of implementation, there is some uncertainty regarding the definition of 'psychoactive effect' which should be monitored. The Committee proposed that the legislation be reviewed more generally, including on issues relating to enforcement, NPS-related harms, NPS availability, and any unintended consequences.

RECOMMENDATION 25: The Victorian Government review the implementation and enforcement of the recently enacted *Drugs, Poisons and Controlled Substances Miscellaneous Amendment Act 2017* in mid-2019 to evaluate its effectiveness in eliminating the emergence of new psychoactive substances (NPS), and identify any unintended consequences. Other areas for review should include enforcement, NPS-related harms, NPS availability and prevalence. It should also review the implementation and workability of the definition of 'psychoactive effect'.

Treatment

Chapter 12: Victorian alcohol and other drug treatment sector

The Victorian alcohol and other drug (AOD) treatment sector plays an important role in responding to illicit substance use in the Victorian community. While it is typically characterised as of a high standard, there was broad acknowledgement among inquiry stakeholders that it is underfunded. Although, the Victorian Government recently announced a number of funding commitments, which allocates over \$100 million to additional residential rehabilitation beds and other treatment options.

Chapter 12 provides an overview of the Victorian AOD treatment sector, including treatment options and an overview of utilisation of treatment in Australia and Victoria (where data is available). Various challenges facing the sector were also discussed in detail, including reports of:

- lengthy wait periods before a patient can access treatment, particularly residential rehabilitation
- limited access to treatment services in rural and regional areas
- inflexible service delivery with limited capacity to respond effectively to new drug trends, in addition to gaps in the provision of services relating to aftercare, recovery and coordination
- lack of specialised addiction medicine capabilities
- limited understanding among general practitioners about how to navigate the AOD treatment sector.

In response to these issues, the Committee recommended that the existing AOD Sector Reference Group review current gaps and shortfalls in service provision and enhance the capacity of the broader medical community to effectively respond to people presenting with substance use disorders.

Chapter 12 also explores concerns arising from the proliferation of private unregistered AOD treatment providers, which are not subject to the same ethical, quality and safety provisions as regulated services but which charge substantial fees for their services. A commonly shared view, and one that the Committee agrees with, is that addressing such regulatory gaps will ensure that a consistent and evidence-based approach applies across all treatment services, both in Victoria and nationally.

RECOMMENDATION 26: The Victorian Government, in conjunction with Turning Point and other relevant agencies, develop a practice-friendly treatment pathway tool/resource for general practitioners (GPs) to enhance their awareness and understanding of referral to the alcohol and other drug treatment sector. To accompany this, the Victorian Government also review how Turning Point's Drug and Alcohol Clinical Advisory Service (DACAS) could be better utilised among GPs, including through increased funding.

RECOMMENDATION 27: The Victorian Government via the Alcohol and Other Drug Sector Reference Group provide expert advice to the Government, the alcohol and other drug (AOD) treatment sector, and the broader medical community on ways to enhance their capacity to effectively respond to people presenting with substance use issues. Specific areas for action might include:

- identify further funding options through mapping the current capacity and gaps within AOD service delivery against existing and future demand for services. Particular attention to be provided to all treatment options to ensure flexibility in service delivery, acknowledging diversity and differing needs among potential clients. Specific opportunities should be identified for different cohort groups such as clients with co-existing mental health issues and substance use disorders, culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander communities, and those from rural and regional areas
- explore effective and workable measures to expand Victoria's specialist addiction medicine capacity, in addition to ensuring the AOD treatment sector is adequately supported by its existing workforce
- explore options for a public multidisciplinary health clinic model that comprises access to opioid substitution therapy prescribing doctors, addiction specialists, mental health services, support and other allied health services
- develop a model of care for public hospitals when treating patients presenting with substance use issues, which could include medical staff undertaking drug screening and developing clear treatment pathways and reintegration with specialist AOD treatment services.

RECOMMENDATION 28: The Victorian Government note ongoing considerable concerns within the community about private unregistered providers of alcohol and other drug (AOD) treatment and continue to advocate for the development of a national regulatory framework and standards for private AOD treatment.

Chapter 13: Drug treatment for specific drug user groups

Continuing from the previous chapter, chapter 13 discusses some of the treatment needs of specific groups of people who use substances, on the basis that a 'one size fits all' approach to treatment is both ineffective and inappropriate. The specific groups discussed include:

- people with co-morbid mental health conditions
- Aboriginal and Torres Strait Islander people
- people from culturally and linguistically diverse communities
- young people
- families of people who use drugs
- prisoners.

Lastly, the chapter highlights debates on the issue of compulsory, or involuntary drug treatment, for people identified as having substance use disorders and at risk of harming themselves and/or others.

RECOMMENDATION 29: The Victorian Government provide increased support and funding to family support programs to minimise the adverse impact of substance misuse on family and friends, and to contribute to the effective reintegration of people with substance use disorders back into the community.

RECOMMENDATION 30: The Victorian Government evaluate prison alcohol and other drug programs based on their effectiveness in reducing recidivism, particularly where offending is directly related to substance use issues.

Chapter 14: Medication assisted treatment for opioid dependence

Opioid dependence refers to a person's condition of physical and mental reliance on opioids such as heroin and pharmaceutical opioids, and can cause a range of health, financial and social harms for the individual and communities. As a chronic relapsing condition, it is recognised that abstinence is not easily achieved, but medication assisted treatment aims to reduce the harms of substance use in a person's life.

The main form of treatment for opioid dependence in Australia is opioid substitution therapy (OST), where the drug of dependence is substituted with controlled opioid medication, mainly methadone and buprenorphine. Along with the medication, OST involves the provision of psychosocial support to address issues such as mental health, homelessness and unemployment. The Committee heard that OST is associated with a range of positive outcomes, such as reduced illicit drug use, reduced criminal activity, reduced mortality, and improved health and wellbeing.

In Victoria, the OST program is primarily administered through a community-based model, involving the prescription and management of OST by general practitioners (GPs) within primary health care settings, with the medication dispensed through community pharmacies.

The Committee found that, while the program is effective, it could be improved with measures such as better governance of the program through more oversight and management of permits for GPs and patients, clinical issues, enhanced data collection, and opportunities for greater OST access. Regarding costs of OST, inquiry stakeholders advised that dispensing fees for the medication is a barrier to people entering and remaining on the program. Finally, the chapter considers strategies to enhance health professionals' engagement to improve overall accessibility across Victoria, particularly in light of concerns of inquiry stakeholders on maintaining and increasing the number of GPs and pharmacists involved in providing these services.

The Committee also heard of expansions to the types of OST options available for a small group of opioid dependent people who have not benefited from other types of treatment. Heroin-assisted treatment (HAT) is particularly used in overseas jurisdictions, including Switzerland, the UK and Canada, which the Committee visited during its overseas study tour. It involves the prescription and strict clinically-supervised consumption of pharmaceutical-grade heroin (diacetylmorphine or diamorphine). The Committee found there was a strong evidence base for such treatments, with key benefits including improved health and wellbeing, reduced crime rates, and cost effectiveness. The Committee considered that exploring such options, particularly through a trial of other controlled and pharmaceutical grade opioids (such as hydromorphone) for a small group of people should be conducted, accompanied by robust evaluation.

RECOMMENDATION 31: The Victorian Government establish a dedicated arm of government to actively manage opioid substitution therapy (OST) policy in Victoria. The dedicated unit should explore options for enhanced data collection on OST, including current take-up, compliance rates, people who have ceased treatment and why. It should also explore an OST registry for general practitioners and pharmacies where they can seek information on current prescribers/dispensers in specified areas.

RECOMMENDATION 32: The Victorian Government fund opioid substitution therapy (OST) dispensing fees to enhance access and remove barriers to a person entering and remaining on OST.

RECOMMENDATION 33: The Victorian Government expand access to opioid substitution therapy (OST) through a range of measures including:

- the provision of financial incentives to general practitioners and pharmacists to prescribe OST, particularly as the current cohort of prescribing doctors is ageing and a shortage is expected
- enhancing the role of nurse practitioners to prescribe OST
- exploring models for hospitals to provide OST to suitable patients as part of emergency department treatment.

RECOMMENDATION 34: The Victorian Government trial the expansion of the opioid substitution therapy program to include other controlled and pharmaceutical grade opioids (such as hydromorphone), for a small group of people for whom other treatment types have not been successful. This should be accompanied with robust evaluation.

Chapter 15: Pharmaceutical drugs

While playing an important role in society, some types of pharmaceutical drugs are subject to misuse, resulting in harms such as mortality, hospitalisations and an illicit trade in these substances. This is particularly the case for prescription drugs such as opioid analgesics and benzodiazepines, which are increasingly being prescribed and used in the broader community. The contribution of pharmaceuticals to overdose deaths is a particular cause for concern, with the Victorian State Coroner advising the Committee that pharmaceuticals contributed to approximately 80 per cent of all overdose deaths between 2009 and 2016.

The Committee found there is a need to reduce reliance on prescription drugs, particularly opioids. This could be achieved through various strategies, such as changing practices among the medical profession in treating issues such as chronic pain with opioids, which could be done through issuing guidelines for general practitioners (GPs) and improved training on these matters. The chapter also explores the development of a stewardship framework for public hospitals to provide guidance and best practices for addressing pharmaceutical misuse. Public education is also required to promote safe use of such medication within the community, including consideration of non-pharmacological options where appropriate. There are also possibilities to adapt the fee structures involved with dispensing medications to encourage fewer amounts to be dispensed where appropriate.

A key strategy to minimise the misuse of pharmaceutical medication is a real-time prescription monitoring (RTPM) system, which aims to ensure that all health professionals involved in a person's care are aware of the drugs being prescribed to them. These systems can improve the coordination of care among professionals and clinical decision-making. There are plans for the creation of a national RTPM system, as well as recent Victorian legislation for a state-based model under the *Drugs, Poisons and Controlled Substances Amendment (Real-time Prescription Monitoring) Act 2017*. In exploring overseas models, as well as the potential interaction between the Victorian and Commonwealth systems, the Committee identified key issues for the Victorian RTPM system to ensure it is just one component of a broader response to the misuse and overprescribing of pharmaceutical drugs. These include:

- appropriate training and clinical support for the medical profession to effectively use the RTPM system, as well as respond to pharmaceutical drug misuse more generally. There is a significant focus on training and workforce development as part of the Victorian Government's implementation plans for the RTPM system

- enhanced capacity of the alcohol and other drug treatment sector to treat people identified through the RTPM system as having substance use issues that require further support. This is to ensure that such people do not ‘fall through the gaps’ and progress to more harmful substance use
- arrangements for the review and evaluation of the Victorian RTPM system, which the Victorian Government has recently outlined.

RECOMMENDATION 35: In the short term, the Victorian Government, in conjunction with the Australian Medical Association and other relevant medical bodies, develop prescription opioid medication guidelines for general practitioners and training on appropriate prescribing practices. This should include guidance on monitoring patients, lowering dosages when appropriate, education on the risks of dependence, and effective pain relief alternatives to such medication.

RECOMMENDATION 36: The Victorian Government develop and promote a sector-wide stewardship trial program for the medical profession (hospitals, specialist services and general practitioners) based on the Alfred Health model to promote and audit best practice regarding the prescribing and use of medications with potential for misuse (such as analgesics and benzodiazepines). This should be accompanied with promotion and education of best practice in this area and of appropriate attitudes towards pain relief among health professionals. The program should also be accompanied with an evaluation.

RECOMMENDATION 37: The Victorian Government develop resources and support or conduct awareness raising campaigns targeting the broader community about the safe and appropriate use of prescription medications for pain relief and promoting the role of non-pharmacological treatments for certain conditions (e.g. stress, anxiety and chronic pain). This could start with a targeted campaign that aims to reach patients in health settings and expand to a broader audience if required.

RECOMMENDATION 38: The Victorian Government work with the Commonwealth Government to review the fee structure for dispensing medication with potential for misuse, so that the volumes prescribed and dispensed be based on individuals’ needs. Fee structure changes could include: incentivising pharmacies to dispense fewer tablets and subsidising patients who receive smaller amounts of medications. As part of this, the Victorian Government should work with the Pharmacy Guild of Australia and other relevant bodies regarding the role of pharmacies in improving dispensing practices.

RECOMMENDATION 39: The Victorian Government adopt measures to ensure the effectiveness of the real-time prescription monitoring (RTPM) system and prevent the diversion of patients with prescription misuse issues to the illicit drug market, including:

- adequately resourcing the alcohol and other drug public treatment sector to accommodate the likely influx of demand resulting from patients identified in the RTPM system with opioid dependency
- as part of Department of Health and Human Service’s workforce development and training, ensure that health professionals are equipped to appropriately deal with patients identified in the RTPM system with substance use issues, for example through providing immediate and seamless access to harm reduction and/or treatment services, such as opioid substitution therapies.

Harm reduction

Chapter 16: Minimising the spread of blood borne viruses

One of the most important and effective harm reduction initiatives in Australia is the needle and syringe program (NSP), an integral component to Australia's harm minimisation approach to illicit drug use since its inception in 1986. The NSP is a prime example of a health-based response that is compassionate, evidence-based and has resulted in few, if any, unintended consequences.

Despite its success, however, some stakeholders advised of concerns, mainly regarding access, that could lead to serious consequences from continued sharing of injecting equipment. Evidence indicates there is inadequate coverage of the program across Victoria, either due to the limited times at which NSPs operate or the limited availability of services in certain areas. The Committee also heard that unsafe injecting practices are particularly prevalent in vulnerable communities where people might be disengaged from the community and disconnected from health and social services.

In response, the Committee proposed the Victorian Government review ways to enhance syringe coverage across the State, in addition to improving the quantity and quality of NSP services. Related to this is the broader issue of the illegality of the distribution of non-injecting drug paraphernalia.

The chapter also explores the potential role of NSPs in prisons, on the basis that prisoners typically have histories of high levels of substance use prior to entering prison, including injecting drug use and high rates of blood borne viruses. The Committee also received evidence of harmful drug taking practices in prisons. The chapter draws on international evidence and the broader literature to identify the benefits and risks of NSPs in prisons.

RECOMMENDATION 40: The Victorian Government review Victoria's needle and syringe program (NSP) in order to strengthen the aims, coverage, service models, harm reduction information and equipment distributed to people who use illicit substances. This should include:

- exploring avenues to increase NSP availability in areas where there is an identified shortfall particularly after-hours, such as in public hospitals, vending machines/dispensing units, and community pharmacies
- ensuring that staff of NSPs are culturally aware and sensitive to the needs of people who identify as Aboriginal and Torres Strait Islander and others from culturally and linguistically diverse communities
- enhancing the capacity of the NSP workforce to engage with people with hepatitis C to educate them about potential treatment options and refer them accordingly.

RECOMMENDATION 41: The Victorian Government remove the prohibition of peer distribution of sterile needles and syringes in the *Drugs, Poisons and Controlled Substances Act 1981*.

RECOMMENDATION 42: The proposed Advisory Council on Drugs Policy review harms arising from current laws that prohibit or discourage non-injecting routes of drug administration, such as increased injecting use of methamphetamines and other drugs, and make recommendations to the Government accordingly.

RECOMMENDATION 43: The Victorian Government review its screening policies for blood borne viruses in prisons to:

- offer screening to prisoners upon release, in the same way they are offered screening upon entering prison or transferring between prisons
- explore the feasibility of introducing compulsory blood screening of prisoners upon entering and exiting prisons to determine transmission of blood borne viruses within prisons. This review should consider all human rights implications associated with mandatory screening.

RECOMMENDATION 44: The Victorian Government monitor data from screening processes, as recommended above, and monitor international needle and syringe prison programs to consider their potential value to minimise transmission of blood borne viruses. The Victorian Government share information with prison staff and relevant bodies to increase awareness and open dialogue about the benefits and risks of needle and syringe programs in prisons.

Chapter 17: Overdose prevention strategies

During the last decade, there has been a steady increase in the number of overdose deaths in Victoria. Data from the Coroners Court of Victoria indicated a rise in deaths from 379 in 2009 to 492 in 2016, with many involving multiple drugs (72.2 per cent in 2016). Chapter 17 provides an overview of these deaths, drawing further on coronial data and evidence from various stakeholders about the impact of these deaths on stakeholders, their families and local communities.

A contributing factor to the rising rate of overdoses and overdose deaths in Victoria is the increasing appearance of heroin, due to its greater availability on the illicit drug market and increase in purity. North America is also experiencing rising opioid use and overdose deaths, although to a much greater extent. In 2016, approximately 64,000 people died from a drug overdose in the United States, mostly from opioid-based illicit substances. Similarly, when the Committee visited Vancouver as part of its overseas study tour, British Columbia had officially declared a public health emergency due to an escalation in opioid overdose deaths, increasing from 269 overdoses in 2012 to 931 in 2016. Of grave concern to public health officials in North America is the presence of fentanyl and carfentanil in these overdose deaths.

Chapter 17 discusses a range of overdose prevention strategies, some of which are existing Victorian Government policy, such as the distribution of naloxone, in addition to the Medically Supervised Injecting Centre (MSIC) scheduled for operation in North Richmond from June 2018.

The chapter also discusses the need for an overdose prevention strategy in the event that, similar to North America, fentanyl and carefentanil become more available on the Australian illicit drug market and/or if heroin purity increases. A number of interventions could form the prevention strategy, including drug checking at the MSIC to allow people to test their illicit substances for purity and other contaminants, enhance availability of opioid substitution therapy by lowering thresholds for access, expand opioid-based treatment for people with a chronic heroin addiction, and wider distribution of naloxone to people who inject drugs. The goal of the strategy is to keep people alive as a first priority, with the intention and hope that people will soon commence their journey to recovery with the appropriate support.

RECOMMENDATION 45: The Victorian Government explore avenues to distribute naloxone more effectively. Such avenues might include:

- needle and syringe programs and other community health services where staff are trained to educate others in administering naloxone
- making naloxone available in appropriate settings where people who use opioids may frequent, such as treatment services (detox and residential rehabilitation services), crisis and emergency accommodation, which staff can administer when necessary
- making naloxone available to first responders to overdose calls in areas with high concentrations of injecting heroin use, accompanied with appropriate training
- other ways to make naloxone available, including through enhanced peer distribution.

RECOMMENDATION 46: The Victorian Government make naloxone available to prisoners with a history of opioid use upon their release from prison to minimise the high risk of overdose deaths among this cohort of people, and provide them with appropriate information and support services available in the broader community to minimise the likelihood of overdose.

RECOMMENDATION 47: The Victorian Government develop an emergency action plan to respond to a potential increase in deaths or overdoses as a result of high strength and purity of illicit substances, for example the presence of fentanyl and carfentanil in the drug market. This could include:

- targeted strategies for specific cohorts of people that use substances, such as those based in regional and rural areas, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse communities, and people experiencing mental health issues
- wider distribution of naloxone to people who inject drugs (recommendations 45 and 46)
- explore avenues to enhance availability of opioid substitution therapies, such as lowering thresholds for access and reducing costs (recommendations 32 and 33), and expanding opioid-based treatment for people with a chronic heroin addiction (recommendation 34)
- possible establishment of temporary medically supervised injecting facilities in areas with high concentrations of injecting drug use and overdoses
- drug checking at the Medically Supervised Injecting Centre to test for heroin purity and other contaminants.

Chapter 18: Safe events

Chapter 18 relates specifically to the use of illicit substances on a recreational basis, particularly in party environments such as music festivals. Noting the presence of illicit substances at these events has been accompanied by increased risks of harms such as overdose and hospitalisations, the chapter outlines the role of event organisers in ensuring the availability of harm reduction and public safety initiatives.

The chapter also explores a range of models and evidence received regarding drug checking services, which enable individuals to have their substances tested using a range of equipment, and receive information about the results, as well as harm

reduction advice or counselling where relevant. Drug checking services can also enhance monitoring of the illicit drug market, particularly for new psychoactive substances. Such services, which are common across Europe, can be located onsite at music festivals or offsite at fixed sites. The Committee heard there can be a range of benefits with such approaches, such as reduced harms from illicit substance use and improved monitoring of the illicit drug market. It also heard of potential issues of concern, such as perceptions of ‘safe’ illicit substance use and technological limitations with drug checking equipment.

The Committee also discussed the option of ‘back of house’ or ‘halfway house’ testing at appropriate venues or festivals where police, health authorities and harm reduction organisations work together to identify substances of concern through testing, and notify patrons and the broader community through alerts where appropriate.

Some inquiry stakeholders also raised the issue of drug detection dogs, which are employed by Victoria Police at events where illicit drug use is likely. Given there is a lack of information on whether drug detection dogs may have a potential role in increasing drug-related harms, and their effectiveness in reducing the supply and use of illicit drugs, the Committee found this requires an independent evaluation.

RECOMMENDATION 48: The Victorian Government work with the Department of Health and Human Services, Victoria Police, Ambulance Victoria and DanceWize to facilitate the availability of an onsite drug testing unit for health and law enforcement authorities at an appropriate music festival to be used in the event of a suspected overdose or other serious adverse effects due to an illicit substance. The unit would not be public facing and its purpose is to test substances to determine their composition to assist health authorities treat the patient and, where appropriate, release a public alert to prevent further incidents. The unit will operate as part of the early warning system as recommended in chapter four.

RECOMMENDATION 49: The Victorian Government refer to the proposed Advisory Council on Drugs Policy the issue of drug checking services, and request that it monitor overseas and domestic models to obtain relevant evidence to inform consideration of a trial in Victoria. If appropriate, the Council should develop guidelines for such a trial (and include appropriate messaging e.g. not condoning drug use nor indicating that drug use is safe, appropriate technology, data collection and clear liability safeguards). The Council should also consider an evaluation framework to measure the future trial’s effectiveness in minimising drug-related harms.

RECOMMENDATION 50: Victoria Police commission an independent evaluation of the use of drug detection dogs at music festivals and other public spaces to determine their effectiveness in deterring the use and trafficking of illicit substances, and any unintended consequences or risk of harms resulting from this strategy.

Acronyms

AACMC	Australian Advisory Council on the Medicinal Use of Cannabis
ABS	Australian Bureau of Statistics
ACCHO	Aboriginal Community Controlled Health Organisation
ACCO	Aboriginal Community Controlled Organisation
ACEM	Australasian College for Emergency Medicine
ACIC	Australian Criminal Intelligence Commission
ACMD	Advisory Council on the Misuse of Drugs
ACSQHC	Australian Commission on Safety and Quality in Health Care
ACT	Australian Capital Territory
ADF	Alcohol and Drug Foundation
ADHD	Attention deficit hyperactivity disorder
ADLRF	Australian Drug Law Reform Foundation
AFP	Australian Federal Police
AIC	Australian Institute of Criminology
AIDS	Acquired immune deficiency syndrome
AIHW	Australian Institute of Health and Welfare
AIVL	Australian Illicit and Injecting Drug Users League
AMA	Australian Medical Association
AMC	Alexander Maconochie Centre
ANCD	Australian National Council on Drugs
AOD	Alcohol and other drugs
AODstats	Alcohol and Other Drug Data, Research Planning
AP	Authorised Prescriber
APPG	All Party Parliamentary Group for Drug Policy Reform
ARTG	Australian Register of Therapeutic Goods
ASI	Antimicrobial Stewardship Initiative
ASSAD	Australian Secondary Students Alcohol and Drug Survey
ATJC	Abolitionist and Transformative Justice Centre
ATS	Amphetamine type substances
ATSI	Aboriginal and Torres Strait Islander
BAC	Blood and alcohol content
BC	British Columbia
BCCDC	British Columbia Centre for Disease Control
BCCSU	British Columbia Centre for Substance Use
BCMHSUS	British Columbia Mental Health and Substance Use Services
CAHMA	Canberra Alliance for Harm Minimisation and Advocacy
CALD	Culturally and linguistically diverse
CCO	Community Correction Order
CCOV	Coroners Court of Victoria
CDDC	Compulsory Drug Detention Centre

CDPH	California Department of Public Health
CDT	Commission for the Dissuasion of Drug Addiction
CDTCC	Compulsory Drug Treatment Correctional Centre
CEN	Cannabis Expiation Notice
CISP	Court Integrated Services Program
CJDP	Criminal Justice Diversion Program
CND	Commission on Narcotic Drugs
COAG	Council of Australian Government
COPE	Community Overdose Prevention Education
CPSU	Community and Public Sector Union
CRCR	Council on Responsible Cannabis Regulation
CREIDU	Centre for Research Excellence into Injecting Drug Use
CSA	<i>Controlled Substances Act 1970</i>
DACAS	Drug and Alcohol Clinical Advisory Service
DAMEC	Drug and Alcohol Multicultural Education Centre
DCHAP	Drug Court Homelessness Assistance Program
DCPC	Drugs and Crime Prevention Committee
DET	Department of Education and Training
DFA	Drug Free Australia
DHHS	Department of Health and Human Services
DIMS	Drugs Information and Monitoring System
DIZ	Drug Information Centre
DJR	Department of Justice and Regulation
DMS	Drug Monitoring System
DNet	Drugs and Emerging Technologies Project
DOJ	Department of Justice
DOPE	Drug Overdose Peer Education
DORA	Drugs and Poisons Information System Online Remote Access
DPA	Drug Policy Australia
DPCSA	<i>Drugs, Poisons and Controlled Substances Act 1981</i>
DPHE	Department of Public Health and Environment
DPMP	Drug Policy Modelling Program
DRUID	Driving Under the Influence of Drugs, Alcohol and Medicines
DTO	Drug treatment orders
DUMA	Drug Use Monitoring Australia Survey
ECDD	Expert Committee on Drug Dependence
ED	Emergency Department
EDRS	Ecstasy and Related Drugs Reporting System
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ERRCD	Electronic Recording and Reporting of Controlled Drugs
EWS	Early warning system
FFDLR	Families and Friends for Drug Law Reform
FLS	Fitzroy Legal Service
FT-IR	Fourier transform infra-red spectrometer
GCDP	Global Commission on Drug Policy

GC-MS	Gas chromatography-mass spectrometry
GDP	Gross Domestic Product
GHB	Gamma Hydroxybutyrate
GP	General Practitioner
HAT	Heroin-assisted treatment
HCV	Hepatitis C virus
HDM	Hydromorphone
HIV	Human immunodeficiency virus infection
HRI	Harm Reduction International
HRV	Harm Reduction Victoria
HOPE	Hawaii Opportunity Probation with Enforcement
HPLC	High-performance liquid chromatography mass spectrometry
IDAT	Involuntary Drug and Alcohol Treatment
IDDI	Illicit Drug Diversion Initiative
IDPC	International Drug Policy Consortium
IDRS	Illicit Drug Reporting System
IDU	Identified drug user
IGCD	Intergovernmental Committee on Drugs
IMAC	Independent Medical Advisory Committee
INCB	International Narcotics Control Board
IRCCA	Institute for Regulation and Control of Cannabis
JACS	Justice and Community Safety Directorate (ACT)
LC-MS	HPLC-Mass Spectrometry
LS	Lysergic acid diethylamide
MAST	Multi Agency Safety Testing
MATOD	Medication-Assisted Treatment of Opioid Dependence
MCDS	Ministerial Council on Drug Strategy
MDA	Methylenedioxyamphetamine
MDMA	Methylenedioxymethamphetamine
MIG	Marijuana Industry Group
MJA	Medical Journal of Australia
MoU	Memorandum of Understanding
MQS	Minimum qualification strategy
MS	Multiple Sclerosis
MSIC	Medically Supervised Injecting Centre
MSIR	Medically Supervised Injecting Room
NAOMI	North American Opiate Medication Initiative
NCADA	National Campaign Against Drug Abuse
NCETA	National Centre for Education and Training on Addiction
NCIA	National Cannabis Industry Association
NDARC	National Drug and Alcohol Research Centre
NDRI	National Drug Research Institute
NDS	National Drug Strategy
NDSHS	National Drug Strategy Household Survey
NEWIP	Nightlife Empowerment and Well-being Implementation Project

NGO	Non-governmental organisation
NHTSA	National Highway Traffic Safety Administration
NICE	National Institute for Health and Care Excellence
NIDIP	National Illicit Drug Indicator Project
NIMBY	Not in my backyard
NOPSAD	National opioid pharmacotherapy statistics
NPS	New psychoactive substance
NRCH	North Richmond Community Health
NSFAD	National Strategy for the Fight Against Drugs
NSP	Needle and Syringe Program
NSW	New South Wales
NWDMP	National Wastewater Drug Monitoring Program
NZ	New Zealand
ODC	The Office of Drug Control
OFT	Oral Fluid Test
OHV	Odyssey House Victoria
OST	Opioid substitution therapy
OSTP	Opioid Substitution Therapy Program
PABN	Pharmacotherapy area-based network
PAMS	Pharmacotherapy, Advocacy, Mediation and Support
PBS	Pharmaceutical Benefits Scheme
PHAA	Public Health Association of Australia
PHN	Public health network
PIEDS	Performance or image enhancing drugs
PMA	Paramethoxyamphetamine
PNP	Peer Network Program
POFT	Preliminary Oral Fluid Test
PRHR	Prison related harm reduction
PSP	Public Security Police
PWID	People who inject drugs
RACGP	Royal Australian College of General Practitioners
RACP	Royal Australasian College of Physicians
RIS	Regulatory Impact Statement
RRHR	Pre-release related harm reduction session
RSPH	Royal Society for Public Health
RSVDS	Residents for Victoria Street Drug Solutions
RTPM	Real-time prescription monitoring
SAC	Sentencing Advisory Council
SALOME	Study to Assess Longer-term Opioid Medication Effectiveness
SAMHSA	Substance Abuse and Mental Health Services Administration
SAP	Special access program
SAS	Special Access Scheme
SBIRT	Screening, Brief Intervention and Referral to Treatment
SCF	Swift, certain and fair
SCON	Simple Cannabis Offence Notice

SICAD	General Directorate for Intervention on Addictive Behaviours and Dependencies
SMLS	Springvale Monash Legal Service
SSDP	Students for Sensible Drug Policy
TEDI	Trans European Drug Information
TGA	Therapeutic Goods Administration
THC	Delta-9 tetrahydrocannabinol
THN	Take home naloxone
TLC	Thin layer chromatography
ToR	Terms of Reference
UK	United Kingdom
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
US	United States
VAADA	Victorian Alcohol and Drug Association
VAGO	Victorian Auditor-General's Office
VAHS	Victorian Aboriginal Health Service
VCH	Vancouver Coastal Health
VCSA	Victorian Crime Statistics Agency
VDDI	Victorian Dual Diagnosis Initiative
VGBO	Victorian Government Business Office
VIFM	Victorian Institute of Forensic Medicine
VLA	Victoria Legal Aid
VLRC	Victorian Law Reform Commission
VMC	Victorian Multicultural Commission
VOCAT	Victims of Crime Assistance Tribunal
VPD	Vancouver Police Department
VPIC	Victorian Poisons Information Centre
WHO	World Health Organization
YDHF	Yarra Drug and Health Forum
YoDAA	Youth Drug and Alcohol Advice Service
YSAS	Youth Support and Advocacy Service
YTO	Youth Therapeutic Order

Recommendations

4 Framework for effective drug law reform

RECOMMENDATION 1: The Victorian Government’s approach to drug policy be based on effective and humane responses that prioritise health and safety outcomes, be in accordance with the United Nations’ drug control conventions, and informed by the following principles:

- promotion of safe communities – reduce drug-related crime and increase public safety
- evidence-based – empirical and scientific evidence to underpin change
- supportive and objective approach to people who use drugs and of drug addiction
- cost-effective – ensure money spent on drug policy is working to reduce harms
- responsive – flexible and open to change, new ideas and innovation. 69

RECOMMENDATION 2: In recognition of the imbalanced investment in drug-related expenditure under the three pillars of demand reduction, supply reduction and harm reduction, the Victorian Government develop a new drug strategy based on the four pillars of:

- Prevention
- Law enforcement
- Treatment
- Harm reduction. 74

RECOMMENDATION 3: The Victorian Government establish a new Victorian governance structure to oversee and monitor the four pillars drug strategy. It should include:

- Ministerial Council on Drugs Policy – comprising relevant Victorian Ministers responsible for the portfolios of health, mental health police, education, early childhood education, road safety, corrections, multicultural affairs, and families and children
- Advisory Council on Drugs Policy – comprising experts to advise the Victorian Government on drug-related issues and research in Victoria, in addition to individuals (current users, recovering users, affected families) who actively work with and support people affected by substance use. 78

RECOMMENDATION 4: The Victorian Government commission an independent economic review into drug-related expenditure and outcomes in Victoria. This should include a cost-benefit analysis of all key initiatives and be made publicly available. 83

RECOMMENDATION 5: The Victorian Government advocate to the Commonwealth Government to conduct a similar review at the national level. 83

RECOMMENDATION 6: Through the Victorian Centre for Data Insights, the Victorian Government encourage and facilitate a system of strong drug-related data collection and information sharing across all government departments and agencies. The purpose of this data collection and sharing is to:

- build a sound knowledge base to inform drug research and policy efforts
- support the development of timely interventions following specific drug-related events or ongoing incidents
- measure the effectiveness of Victoria’s four pillars drug strategy, with regular progress reports to be made publicly available
- enhance capabilities and intelligence efforts of Victoria’s law enforcement agencies. 87

RECOMMENDATION 7: The Victorian Government establish an early warning system (EWS) to enable analysis, monitoring and public communications about new psychoactive substances (NPS) and other illicit substances of concern. This will require greater information sharing and collaboration between Victoria Police, the Victorian Institute of Forensic Medicine, the Department of Health and Human Services, coroners, hospitals, alcohol and other drug sector organisations (particularly harm reduction and peer based services) and other interested stakeholders. Essential components of the EWS should include:

- real time public health information and warnings where required
- developing a drug registry to understand the NPS market
- a rapid response clinical toxicology service for hospitals and poison centres. . . . 96

5 Community attitudes and drugs

RECOMMENDATION 8: The Victorian Government develop specific guidelines on the use of appropriate, objective and non-judgemental language regarding substance use disorders, addictions and those who use drugs for public policy-makers, law enforcement agencies, and health care professionals. The Government should consult with the appropriate agencies to ensure the guidelines are implemented throughout the working practices of these identified groups. In addition, the guidelines be conveyed to the media and non-government agencies. . . . 113

6 Prevention and early intervention

RECOMMENDATION 9: The Victorian Government develop a public awareness campaign on substance use and disorders in order to reduce negative labelling of people who use substances, both illicit and prescription medications, and to reduce the harms associated with substance misuse. 127

RECOMMENDATION 10: The Victorian Government enhance its existing prevention measures that target children and young people including:

- School education programs and resources for young people around resilience and life training skills, in addition to appropriate, age-specific and evidence-based drug education programs that focus on preventing drug use, as well as being relevant to young people’s real life experiences and perspectives. This should also include ensuring that school policies align with prevention goals.

- Specific programs within schools that aim to build protective factors, particularly for young people identified as at-risk or requiring enhanced support.
- Programs and resources for parents to build resilience and life skills, and enhance protective factors.
- Explore the effectiveness of the Iceland model further, particularly the role of communities and families in prevention, in addition to encouraging participation of young people in meaningful recreational opportunities. **137**

RECOMMENDATION 11: The Victorian Government, in consultation with the Victorian Multicultural Commission, conduct research into substance use prevalence among culturally and linguistically diverse communities to inform the development of appropriate prevention measures. **141**

RECOMMENDATION 12: With the intention to develop a primary health care early intervention strategy, the Victorian Government commission an appropriate peak medical body to review the network of general practitioners (GPs) and public hospitals across Victoria and their role in screening and intervening early in people presenting with substance use issues and guide them accordingly. This review should map the current network including identifying GPs knowledge of and attitudes towards substance use and disorders, and barriers to effectively respond to these issues. The strategy should comprise practical responses to overcome identified barriers. **150**

7 Personal use and possession offences

RECOMMENDATION 13: The Victorian Government, while maintaining all current drug offences in law, treat the offences of personal use and possession for all illicit substances as a health issue rather than a criminal justice issue. This approach will ensure appropriate pathways are in place for the referral of people to health and treatment services in a timely manner where required. Mechanisms to achieve this should include:

- exploring alternative models for the treatment of these offences, such as the Portuguese model of reform
- removing the discretion involved with current Victoria Police drug diversion processes by codifying them
- reviewing all threshold amounts for drug quantities in order to appropriately distinguish between drug traffickers and people who possess illicit substances for personal use only
- conducting education and awareness programs to communicate with the public about the need to treat drug use as a health issue. **193**

8 Drug-related offending

RECOMMENDATION 14: The Victorian Government expand access to the Magistrates’ Court of Victoria Court Integrated Services Program (CISP) and CREDIT/Bail Support Programs, to ensure consistency in access and equity throughout Victoria. This should be accompanied by enhanced funding to ensure that appropriate support services and alcohol and other drug treatment is available to people diverted from the court system into these programs. The expansion should also include exploring options for the CISP to be available in the County Court of Victoria. 201

RECOMMENDATION 15: The Victorian Government expand the number of Drug Courts in Victoria, accompanied by funding to ensure appropriate support services and alcohol and other drug treatment is available for program participants. 209

RECOMMENDATION 16: The Victorian Government explore other court programs for potential implementation in Victoria, including the Hawaii Opportunity Probation with Enforcement (HOPE program). 211

RECOMMENDATION 17: As proposed by the Adult Parole Board of Victoria, the Victorian Government provide the Adult Parole Board with the power to suspend parole for longer-term parolees who have been found to use illicit substances but whom have not reoffended. Suspension could be up to three months, and parolees offered treatment during that time. Following the period of suspension, the Board would assess whether they can continue on parole. 216

9 Cannabis regulation

RECOMMENDATION 18: The Victorian Government work closely with the Commonwealth Government to improve patient access to medicinal cannabis products, particularly in relation to streamlining requirements at federal and state levels to ensure patients who will benefit from medicinal cannabis treatment in appropriate circumstances have proper access to it. 229

RECOMMENDATION 19: The Victorian Government continue to work with the Commonwealth Government to explore ways to improve understanding among the medical profession and the public of the current evidence base and situations where medicinal cannabis products may be considered as an appropriate treatment option. 233

RECOMMENDATION 20: The proposed Advisory Council on Drugs Policy should investigate the role of general practitioners in providing access to medicinal cannabis, and consider how they can be best supported in this area. 233

RECOMMENDATION 21: To assist health professionals and patients to access this form of treatment, the work of the Independent Medical Advisory Committee be made publicly available. 233

RECOMMENDATION 22: The Victorian Government facilitate continued investment for research and clinical trials into the use of medicinal cannabis and its effects, including its role in working alongside prescription opioids for pain management and reducing reliance and dosage levels of medication prescribed for pain relief. . . . 236

RECOMMENDATION 23: The proposed Advisory Council on Drugs Policy investigate international developments in the regulated supply of cannabis for adult use, and advise the Victorian Government on policy outcomes in areas such as prevalence rates, public safety, and reducing the scale and scope of the illicit drug market. . . . 248

10 Drug driving and road safety

RECOMMENDATION 24: The proposed Advisory Council on Drugs Policy investigate the current drug driving laws and procedures to determine their effect on road crashes and as a deterrent strategy. The Council should also explore:

- alternative drug driving regimes that use impairment limits/thresholds, and their potential applicability in Victoria
- options for expanding the types of drugs captured under the regime
- likely changes to drug driving laws resulting from medicinal cannabis use in Victoria. . . . 258

11 Legislative responses to new psychoactive substances

RECOMMENDATION 25: The Victorian Government review the implementation and enforcement of the recently enacted *Drugs, Poisons and Controlled Substances Miscellaneous Amendment Act 2017* in mid-2019 to evaluate its effectiveness in eliminating the emergence of new psychoactive substances (NPS), and identify any unintended consequences. Other areas for review should include enforcement, NPS-related harms, NPS availability and prevalence. It should also review the implementation and workability of the definition of ‘psychoactive effect’.. . . . 280

12 Victorian alcohol and other drug treatment sector

RECOMMENDATION 26: The Victorian Government, in conjunction with Turning Point and other relevant agencies, develop a practice-friendly treatment pathway tool/resource for general practitioners (GPs) to enhance their awareness and understanding of referral to the alcohol and other drug treatment sector. To accompany this, the Victorian Government also review how Turning Point’s Drug and Alcohol Clinical Advisory Service (DACAS) could be better utilised among GPs, including through increased funding.. . . . 301

RECOMMENDATION 27: The Victorian Government via the Alcohol and Other Drug Sector Reference Group provide expert advice to the Government, the alcohol and other drug (AOD) treatment sector, and the broader medical community on ways to enhance their capacity to effectively respond to people presenting with substance use issues. Specific areas for action might include:

- identify further funding options through mapping the current capacity and gaps within AOD service delivery against existing and future demand for services. Particular attention to be provided to all treatment options to ensure flexibility in service delivery, acknowledging diversity and differing needs among potential clients. Specific opportunities should be identified for different cohort groups, such as clients with co-existing mental health issues and substance use disorders, culturally and linguistically diverse communities, Aboriginal Torres Strait Islander communities, and those from rural and regional areas
- explore effective and workable measures to expand Victoria’s specialist addiction medicine capacity, in addition to ensuring the AOD treatment sector is adequately supported by its existing workforce
- explore options for a public multidisciplinary health clinic model that comprises access to opioid substitution therapy prescribing doctors, addiction specialists, mental health services, support and other allied health services
- develop a model of care for public hospitals when treating patients presenting with substance use issues, which could include medical staff undertaking drug screening and developing clear treatment pathways and reintegration with specialist AOD treatment services. 305

RECOMMENDATION 28: The Victorian Government note ongoing considerable concerns within the community about private unregistered providers of alcohol and other drug (AOD) treatment and continue to advocate for the development of a national regulatory framework and standards for private AOD treatment.. . . . 313

13 Treatment for specific drug user groups

RECOMMENDATION 29: The Victorian Government provide increased support and funding to family support programs to minimise the adverse impact of substance misuse on family and friends, and to contribute to the effective reintegration of people with substance use disorders back into the community. 331

RECOMMENDATION 30: The Victorian Government evaluate prison alcohol and other drug programs based on their effectiveness in reducing recidivism, particularly where offending is directly related to substance use issues. 339

14 Medication assisted treatment for opioid dependence

RECOMMENDATION 31: The Victorian Government establish a dedicated arm of government to actively manage opioid substitution therapy (OST) policy in Victoria. The dedicated unit should explore options for enhanced data collection on OST, including current take-up, compliance rates, people who have ceased treatment and why. It should also explore an OST registry for general practitioners and pharmacies where they can seek information on current prescribers/ dispensers in specified areas. 364

RECOMMENDATION 32: The Victorian Government fund opioid substitution therapy (OST) dispensing fees to enhance access and remove barriers to a person entering and remaining on OST. 367

RECOMMENDATION 33: The Victorian Government expand access to opioid substitution therapy (OST) through a range of measures including:

- the provision of financial incentives to medical practitioners and pharmacists to prescribe OST, particularly as the current cohort of prescribing doctors is ageing and a shortage is expected
- enhancing the role of nurse practitioners to prescribe OST
- exploring models for hospitals to provide OST to suitable patients as part of emergency department treatment. 372

RECOMMENDATION 34: The Victorian Government trial the expansion of the opioid substitution therapy program to include other controlled and pharmaceutical grade opioids (such as hydromorphone), for a small group of people for whom other treatment types have not been successful. This should be accompanied with robust evaluation. 383

15 Pharmaceutical drugs

RECOMMENDATION 35: In the short term, the Victorian Government, in conjunction with the Australian Medical Association and other relevant medical bodies, develop prescription opioid medication guidelines for general practitioners and training on appropriate prescribing practices. This should include guidance on monitoring patients, lowering dosages when appropriate, education on the risks of dependence, and effective pain relief alternatives to such medication.. . . . 401

RECOMMENDATION 36: The Victorian Government develop and promote a sector-wide stewardship trial program for the medical profession (hospitals, specialist services and GPs) based on the Alfred Health model to promote and audit best practice regarding the prescribing and use of medications with potential for misuse (such as analgesics and benzodiazepines). This should be accompanied with promotion and education of best practice in this area and of appropriate attitudes towards pain relief among health professionals. The program should also be accompanied with an evaluation. 405

RECOMMENDATION 37: The Victorian Government develop resources and support or conduct awareness raising campaigns targeting the broader community about the safe and appropriate use of prescription medications for pain relief and promoting the role of non-pharmacological treatments for certain conditions (e.g. stress, anxiety and chronic pain). This could start with a targeted campaign that aims to reach patients in health settings and expand to a broader audience if required. 407

RECOMMENDATION 38: The Victorian Government work with the Commonwealth Government to review the fee structure for dispensing medication with potential for misuse, so that the volumes prescribed and dispensed be based on individuals' needs. Fee structure changes could include: incentivising pharmacies to dispense fewer tablets and subsidising patients who receive smaller amounts of medications. As part of this, the Victorian Government should work with the Pharmacy Guild of Australia and other relevant bodies regarding the role of pharmacies in improving dispensing practices. 410

- RECOMMENDATION 39:** The Victorian Government adopt measures to ensure the effectiveness of the real-time prescription monitoring (RTPM) system and prevent the diversion of patients with prescription misuse issues to the illicit drug market, including:
- adequately resourcing the alcohol and other drug public treatment sector to accommodate the likely influx of demand resulting from patients identified in the RTPM system with opioid dependency
 - as part of Department of Health and Human Service’s workforce development and training, ensure that health professionals are equipped to appropriately deal with patients identified in the RTPM system with substance use issues, for example through providing immediate and seamless access to harm reduction and/or treatment services, such as opioid substitution therapies.. 426

16 Minimising the spread of blood borne viruses

- RECOMMENDATION 40:** The Victorian Government review Victoria’s needle and syringe program (NSP) in order to strengthen the aims, coverage, service models, harm reduction information and equipment distributed to people who use illicit substances. This should include:
- exploring avenues to increase NSP availability in areas where there is an identified shortfall particularly after-hours, such as in public hospitals, vending machines/dispensing units, and community pharmacies
 - ensuring that staff of NSPs are culturally aware and sensitive to the needs of people who identify as Aboriginal and Torres Strait Islander and others from culturally and linguistically diverse communities
 - enhancing the capacity of the NSP workforce to engage with people with hepatitis C to educate them about potential treatment options and refer them accordingly.. 440

RECOMMENDATION 41: The Victorian Government remove the prohibition of peer distribution of sterile needles and syringes in the *Drugs, Poisons and Controlled Substances Act 1981*.. 443

RECOMMENDATION 42: The proposed Advisory Council on Drugs Policy review harms arising from current laws that prohibit or discourage non-injecting routes of drug administration, such as increased injecting use of methamphetamines and other drugs, and make recommendations to the Government accordingly. 444

- RECOMMENDATION 43:** The Victorian Government review its screening policies for blood borne viruses in prisons to:
- offer screening to prisoners upon release, in the same way they are offered screening upon entering prison or transferring between prisons
 - explore the feasibility of introducing compulsory blood screening of prisoners upon entering and exiting prisons to determine transmission of blood borne viruses within prisons. This review should consider all human rights implications associated with mandatory screening.. 456

RECOMMENDATION 44: The Victorian Government monitor data from screening processes, as recommended above, and monitor international needle and syringe prison programs to consider their potential value to minimise transmission of blood borne viruses. The Victorian Government share information with prison staff and relevant bodies to increase awareness and open dialogue about the benefits and risks of needle and syringe programs in prisons. 456

17 Overdose prevention strategies

RECOMMENDATION 45: The Victorian Government explore avenues to distribute naloxone more effectively. Such avenues might include:

- needle and syringe programs and other community health services where staff are trained to educate others in administering naloxone
- making naloxone available in appropriate settings where people who use opioids may frequent, such as treatment services (detox and residential rehabilitation services), crisis and emergency accommodation, which staff can administer when necessary
- making naloxone available to first responders to overdose calls in areas with high concentrations of injecting heroin use, accompanied with appropriate training
- other ways to make naloxone available, including through enhanced peer distribution. 472

RECOMMENDATION 46: The Victorian Government make naloxone available to prisoners with a history of opioid use upon their release from prison to minimise the high risk of overdose deaths among this cohort of people, and provide them with appropriate information and support services available in the broader community to minimise the likelihood of overdose. 476

RECOMMENDATION 47: The Victorian Government develop an emergency action plan to respond to a potential increase in deaths or overdoses as a result of high strength and purity of illicit substances, for example the presence of fentanyl and carfentanil in the drug market. This could include:

- targeted strategies for specific cohorts of people that use substances, such as those based in regional and rural areas, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse communities, and people experiencing mental health issues
- wider distribution of naloxone to people who inject drugs (recommendations 45 and 46)
- explore avenues to enhance availability of opioid substitution therapies, such as lowering thresholds for access and reducing costs (recommendations 32 and 33), and expanding opioid-based treatment for people with a chronic heroin addiction (recommendation 34)
- possible establishment of temporary medically supervised injecting facilities in areas with high concentrations of injecting drug use and overdoses
- drug checking at the Medically Supervised Injecting Centre to test for heroin purity and other contaminants. 488

18 Safe events

RECOMMENDATION 48: The Victorian Government work with the Department of Health and Human Services, Victoria Police, Ambulance Victoria and DanceWize to facilitate the availability of an onsite drug testing unit for health and law enforcement authorities at an appropriate music festival to be used in the event of a suspected overdose or other serious adverse effects due to an illicit substance. The unit would not be public facing and its purpose is to test substances to determine their composition to assist health authorities treat the patient and, where appropriate, release a public alert to prevent further incidents. The unit will operate as part of the early warning system as recommended in chapter four. 526

RECOMMENDATION 49: The Victorian Government refer to the proposed Advisory Council on Drugs Policy the issue of drug checking services, and request that it monitor overseas and domestic models to obtain relevant evidence to inform consideration of a trial in Victoria. If appropriate, the Council should develop guidelines for such a trial (and include appropriate messaging e.g. not condoning drug use nor indicating that drug use is safe, appropriate technology, data collection and clear liability safeguards). The Council should also consider an evaluation framework to measure the future trial’s effectiveness in minimising drug-related harms. 527

RECOMMENDATION 50: Victoria Police commission an independent evaluation of the use of drug detection dogs at music festivals and other public spaces to determine their effectiveness in deterring the use and trafficking of illicit substances, and any unintended consequences or risk of harms resulting from this strategy. 533

Appendix 7

Advisory Council recommendations

Recommendation three is the establishment of a new governance structure to oversee and monitor the four pillars drug strategy. This comprises:

- Ministerial Council on Drugs Policy – comprising relevant Victorian Ministers responsible for the portfolios of health, mental health, police, education, early childhood education, road safety, corrections, multicultural affairs, and families and children
- Advisory Council on Drugs Policy – comprising experts to advise the Victorian Government on drug-related issues and research in Victoria, in addition to individuals (current users, recovering users, affected families) who actively work with and support people affected by substance use.

Throughout the report, the Committee then refers a number of recommendations to the proposed Advisory Council on Drugs Policy for action, as outlined below. If the Victorian Government does not support the establishment of the new governance structure, the Committee trusts that the Government will redirect these recommendations to appropriate agencies for implementation.

RECOMMENDATION 20: The Victorian Advisory Council on Drugs Policy should investigate the role of general practitioners in providing access to medicinal cannabis, and consider how they can be best supported in this area.

RECOMMENDATION 23: The Advisory Council on Drugs Policy investigate international developments in the regulated supply of cannabis for adult use, and advise the Victorian Government on policy outcomes in areas, such as prevalence rates, public safety, and reducing the scale and scope of the illicit drug market.

RECOMMENDATION 24: The proposed Advisory Council on Drugs Policy investigate the current drug driving laws and procedures to determine their effect on road crashes and as a deterrent strategy. The Council should also explore:

- alternative drug driving regimes that use impairment limits/thresholds, and their potential applicability in Victoria
- options for expanding the types of drugs captured under the regime
- likely changes to drug driving laws resulting from medicinal cannabis use in Victoria.

RECOMMENDATION 42: The proposed Advisory Council on Drugs Policy review harms arising from current laws that prohibit non-injecting routes of drug administration (smoking paraphernalia), such as increased injecting use of methamphetamines and other drugs, and make recommendations to the Government accordingly.

RECOMMENDATION 49: The Victorian Government refer to the proposed Advisory Council on Drugs Policy the issue of drug checking services, and request that it monitor overseas and domestic models to obtain relevant evidence to inform consideration of a trial in Victoria. If appropriate, the Council should develop guidelines for such a trial (and include appropriate messaging e.g. not condoning drug use nor indicating that drug use is safe, appropriate technology, data collection and clear liability safeguards). The Council should also consider an evaluation framework to measure the future trial's effectiveness in minimising drug-related harms.